



**Seattle  
Cancer Care  
Alliance**

Fred Hutch · Seattle Children's · UW Medicine

# Photopheresis Technical Challenges

**Lindsay Palomino, BSN RN HP**

May 6, 2016

**Better together.**



Seattle  
Cancer Care  
Alliance

Fred Hutch · Seattle Children's · UW Medicine

# No relevant disclosures

**SCCA Apheresis Unit!**



# Therakos<sup>®</sup> CellEx<sup>®</sup> Photopheresis System

For technical challenges and troubleshooting:

- Call Customer Support
- Use the Reference Ring
- Read the Operator's Manual
- Refer to Technical Bulletins

# **ECP @ SCCA :**

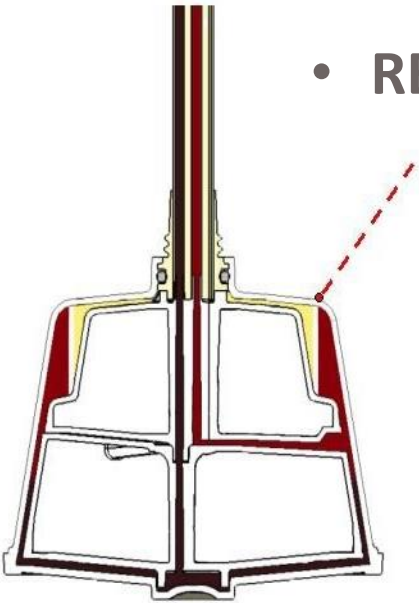
## **Managing challenges**

- **Common Alarms**
- **Procedural Kit Issues**
- **Other Challenges**

# Common Alarms

# Red Cell Pump Alarm

- Incorrect interface position: high or low
- RBC Pump cannot modulate interface



# Red Cell Pump Alarm – Interface Low

## Cause

- Lipemic plasma<sup>1</sup>

## Corrective Action

- Decrease bowl optic sensor
- Take action quickly / before alarm

## Prevention

- Low-fat diet / meal timing
- Hold immunosuppressant meds
- Ok to do nothing if ready to take swift corrective action



# Red Cell Pump Alarm – Interface High

## Cause

- Slow / intermittent blood flow<sup>1</sup>
- High platelet count<sup>1</sup>

## Detection

- Watch Bowl Optic: < 150
- Watch RBC pump: continuous rotation

## Corrective Action

- Stop the bowl – won't lose buffy coat

## Prevention

- Improve venous access



# System Pressure Alarm

- Increased Centrifuge pressure
- Centrifuge stops – bowl re-purge
- Buffy coat partially lost with re-purge
- Patient ECV temporarily increases 50 mLs



# System Pressure Alarm - Centrifuge

---

## Cause

- Air, ↑platelets<sup>1</sup>
- Kit manufacturing

## Corrective Action

- Check for air
- ↑ Whole Blood Processed Target volume – judgement call

## Prevention

- Resolve Red Cell Pump Alarms early
- Use ↑ AC Ratio
- ACD-A, Aspirin?
- Complaint to Therakos

# Procedural Kit Issues

# Kit Defects @ SCCA

- Tubing lines misrouted
- Parts incorrectly / poorly welded
- Material weakness

**SCCA Cellular Therapy Quality Department directive:  
inspect ALL kit parts prior to loading**

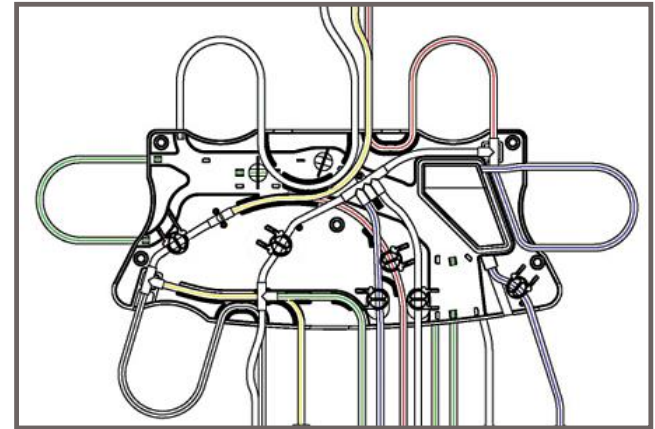
# Pump Tubing Organizer

## Defect

- Tubing misaligned / pinched
- Tubing misrouted

## Consequence

- Return Bag contents to Treatment Bag
- Loss of buffy coat to Return Bag



## Corrective Action

- Misrouted tubing – no solution at time of discovery
- Pinched tubing – success with very slow flow rates
- Inspect organizer prior to loading
- Complaint to Therakos

# Treatment Bag

## Defect

- Occluded Injection port
- Injection port welded outside of bag

## Consequence

- Can't inject methoxypsoralen
- Injected volume flows outside the bag

## Troubleshooting

- Injection spike to free injection port
- Complaint to Therakos



# Pressure Dome

---

## Defect

- Membrane sliced

## Consequence

- Blood leak post-procedure
- Breach of kit integrity

## Troubleshooting

- Prophylactic antibiotics?
- Inspect membranes
- Technical Bulletin CLX #17<sup>1</sup>
- Complaint to Therakos



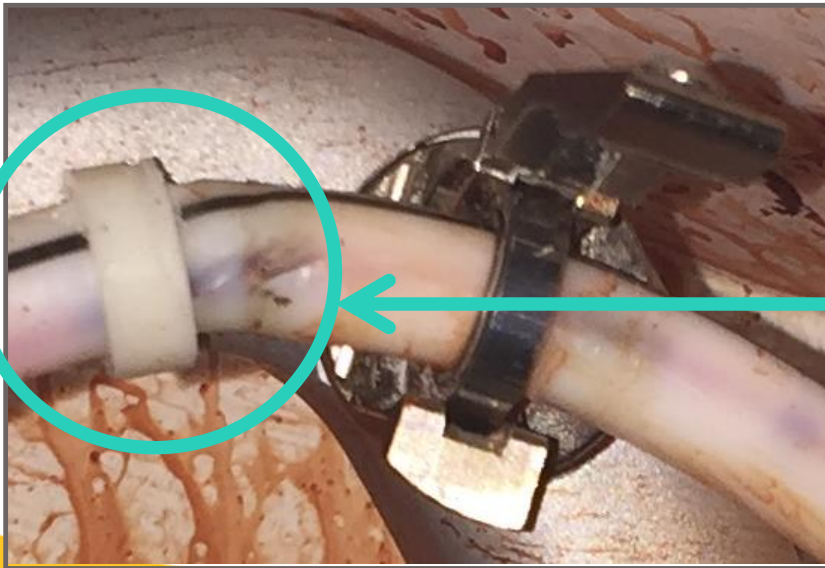
# Drive Tube

## Defect

- Upper Bearing Stop delamination

## Consequence

- Drive Tube stretches → snaps
- Blood loss / Aborted Treatment



# Drive Tube

## Corrective Action

- Calculate blood loss using Technical Bulletin CLX#08<sup>1</sup>
- Can be operator error – ensure proper loading
- Complaint to Therakos



# Centrifuge Bowl

## Defect

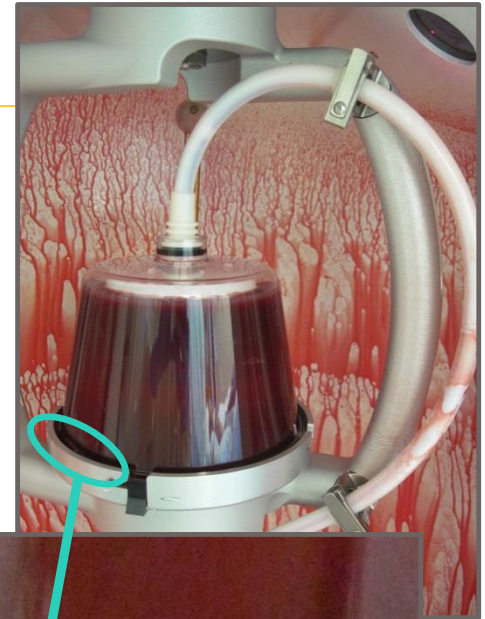
- Faulty weld at bowl joint

## Consequence

- Blood loss

## Corrective Action

- Calculate blood loss
- Technical Bulletin CLX#08<sup>1</sup>
- Complaint to Therakos



# Switched Fluid Lines – Not a defect, but . . .

## Cause

- Operator error
- Poor tubing color-coding

## Consequence

- Circuit blood clotting
- Abort procedure → blood loss

## Corrective Action

- Report to Therakos
- Labeling / 2<sup>nd</sup> Check



# Switched Fluid Lines

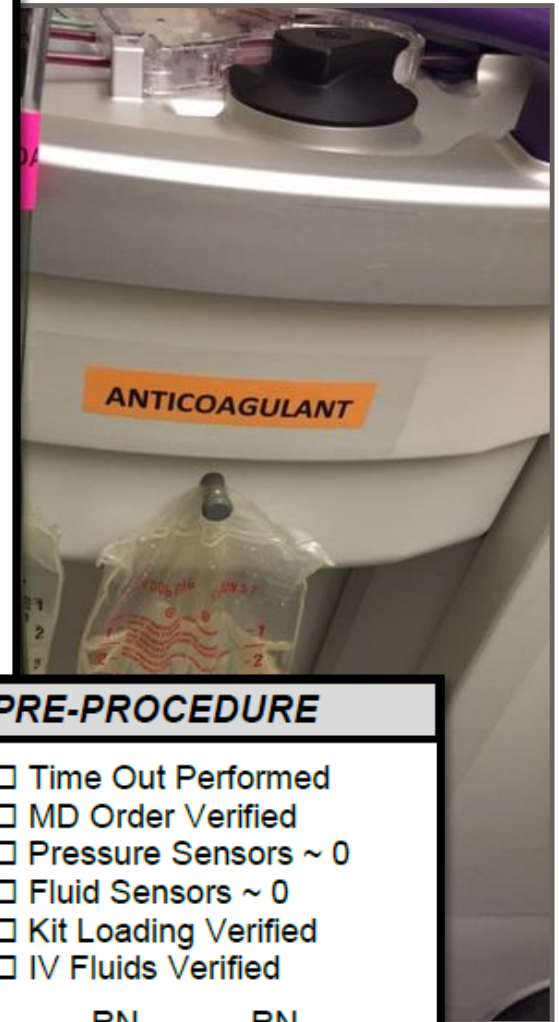
## Therakos Cellex Procedural Kit Set-up: Remote Second Check

The nurse at SCCA reads the following to the nurse off-site.

The nurse at SCCA checks each item after the nurse off-site confirms correct configuration.

- The Centrifuge Bowl is securely seated on the Centrifuge Plate – the tabs are in the horizontal grooves
- The Drive Tube Bearings (metal rings) are seated **INSIDE** the Bearing Clamp Retainers – TOP and BOTTOM
- The Pressure Domes are securely attached – push dome arms outwards to ensure tight connection
- The Hematocrit Cuvette is sitting flush in the hematocrit sensor
- The Treatment Bag (“T” at top of bag) is hanging on the left Load Cell Hook, curved side to the left
- The Return Bag (“R” at the top of bag) is hanging on the right Load Cell Hook, curved side to the right
- The Anticoagulant Line (green stripe tubing) is spiked into the anticoagulant bag – bag on rear hook
  - ANTICOAGULANT label is attached to the anticoagulant line
  - Off-site RN: read-back solution name and expiration date
- The Saline Line (clear tubing – no color stripe) is spiked into the saline bag – bag on front hook
  - Off-site RN: read-back solution name and expiration date

Nurse off-site: document Remote Second Check on REP190 Treatment Summary by writing in name of SCCA second check nurse.



### PRE-PROCEDURE

- Time Out Performed
- MD Order Verified
- Pressure Sensors ~ 0
- Fluid Sensors ~ 0
- Kit Loading Verified
- IV Fluids Verified

\_\_\_\_ RN \_\_\_\_ RN

# Other Challenges

# Positive Ending Fluid Balance

## Cause

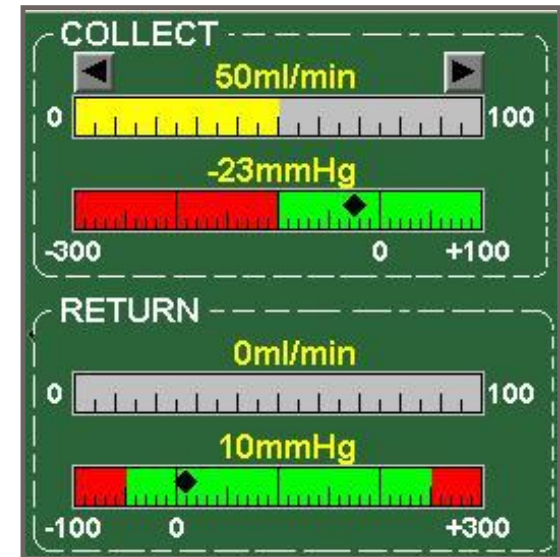
- All prime fluids delivered to patient
- Double Needle Mode, Purging Air: saline @ 5mL/min<sup>1</sup>

## Consequence

- Single Needle Mode  $\pm$  370 mL
- Double Needle Mode  $\pm$  400-500 mL
  - $\downarrow$  flow rate in Purging Air =  $\uparrow$  saline

## Corrective Action

- No option for Single Needle Mode
- Double Needle Mode
  - Return Pump to 0 during Purging Air<sup>2</sup>



# Variable Fluid Shifts

---

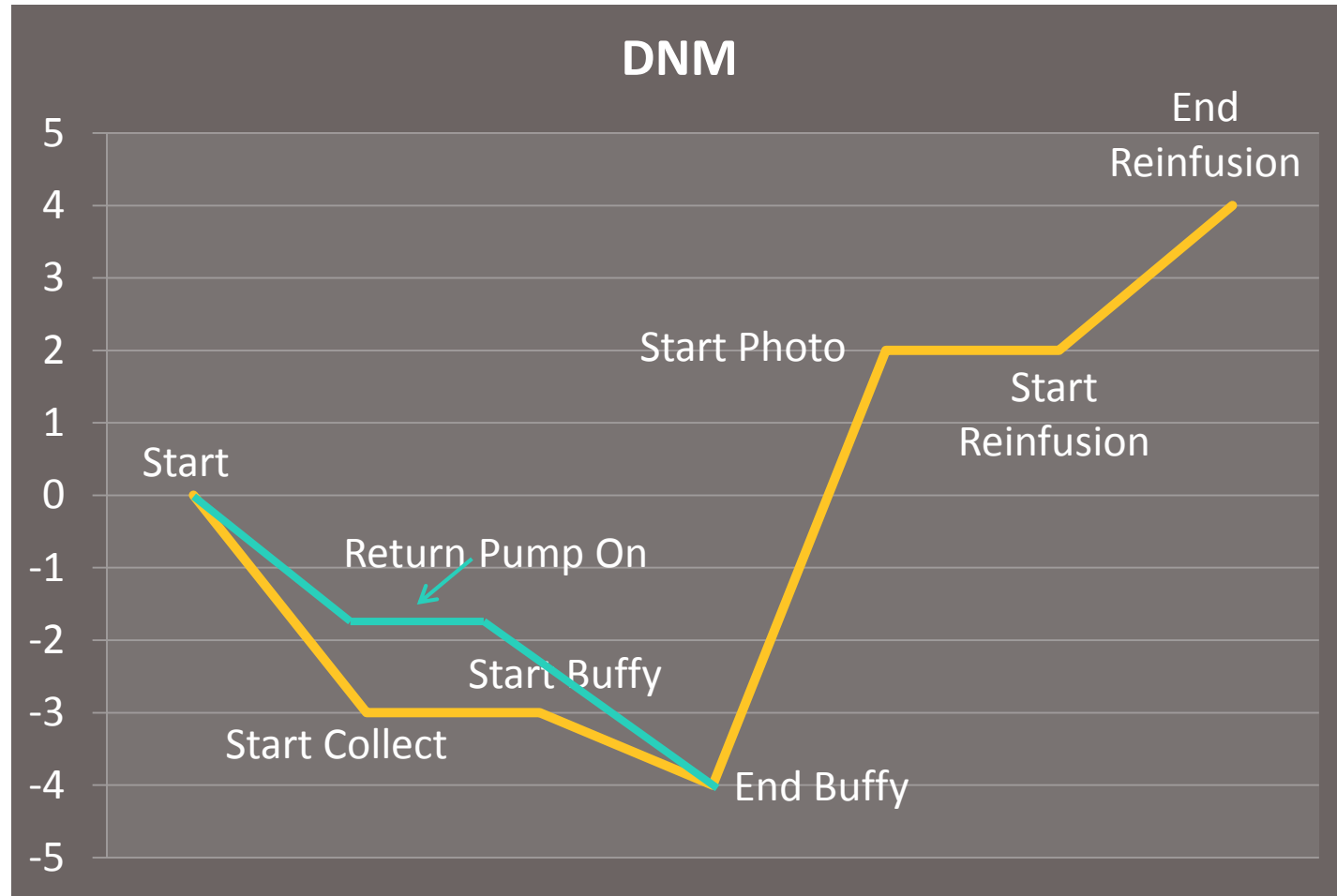
## Cause

- ECV / fluid shifts during procedure phases due to discontinuous flow processing

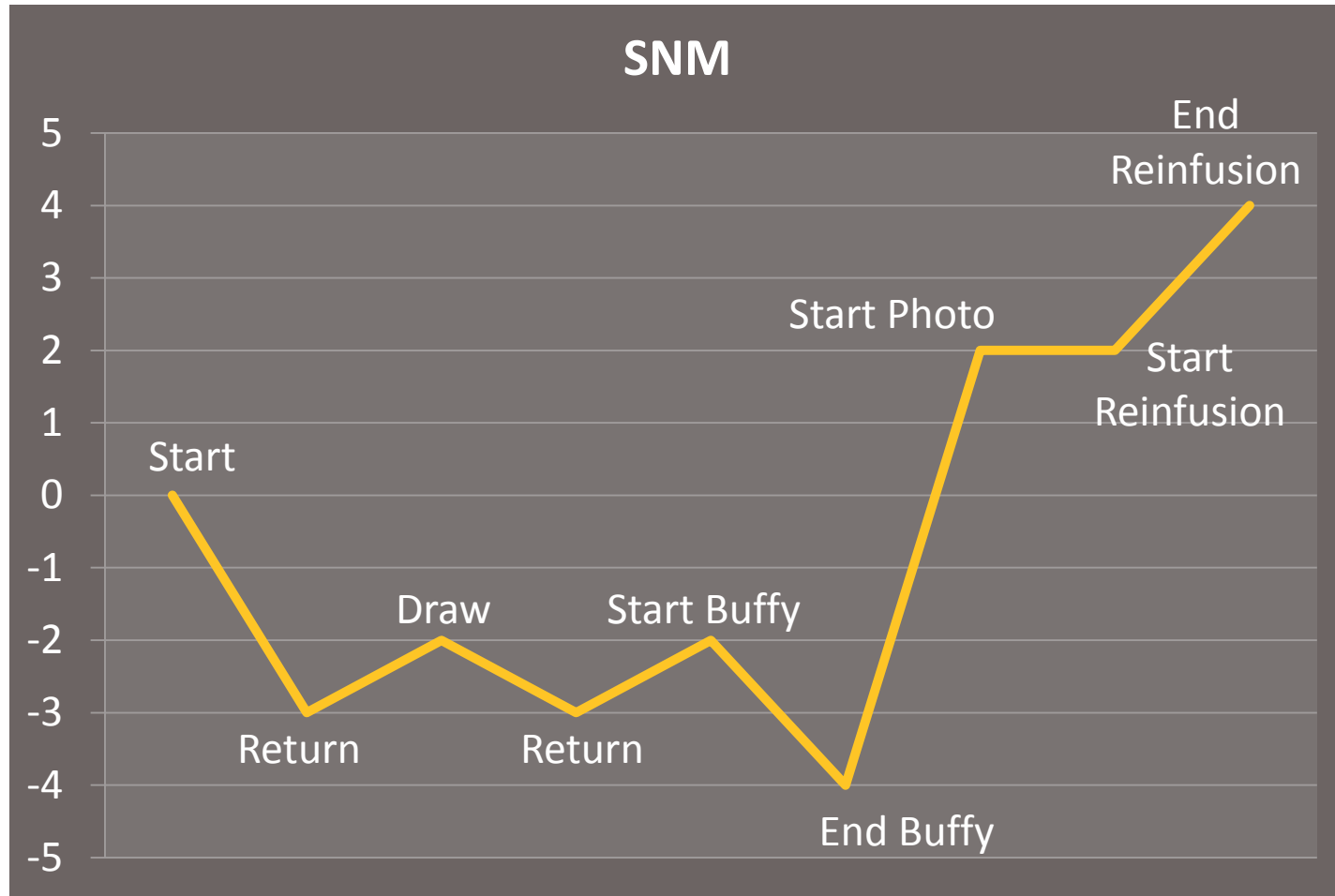
## Consequence

- Frequent, maybe rapid, fluid shifts in short time frame
- May be challenging for patients with cardio/pulmonary or renal impairment<sup>1</sup>

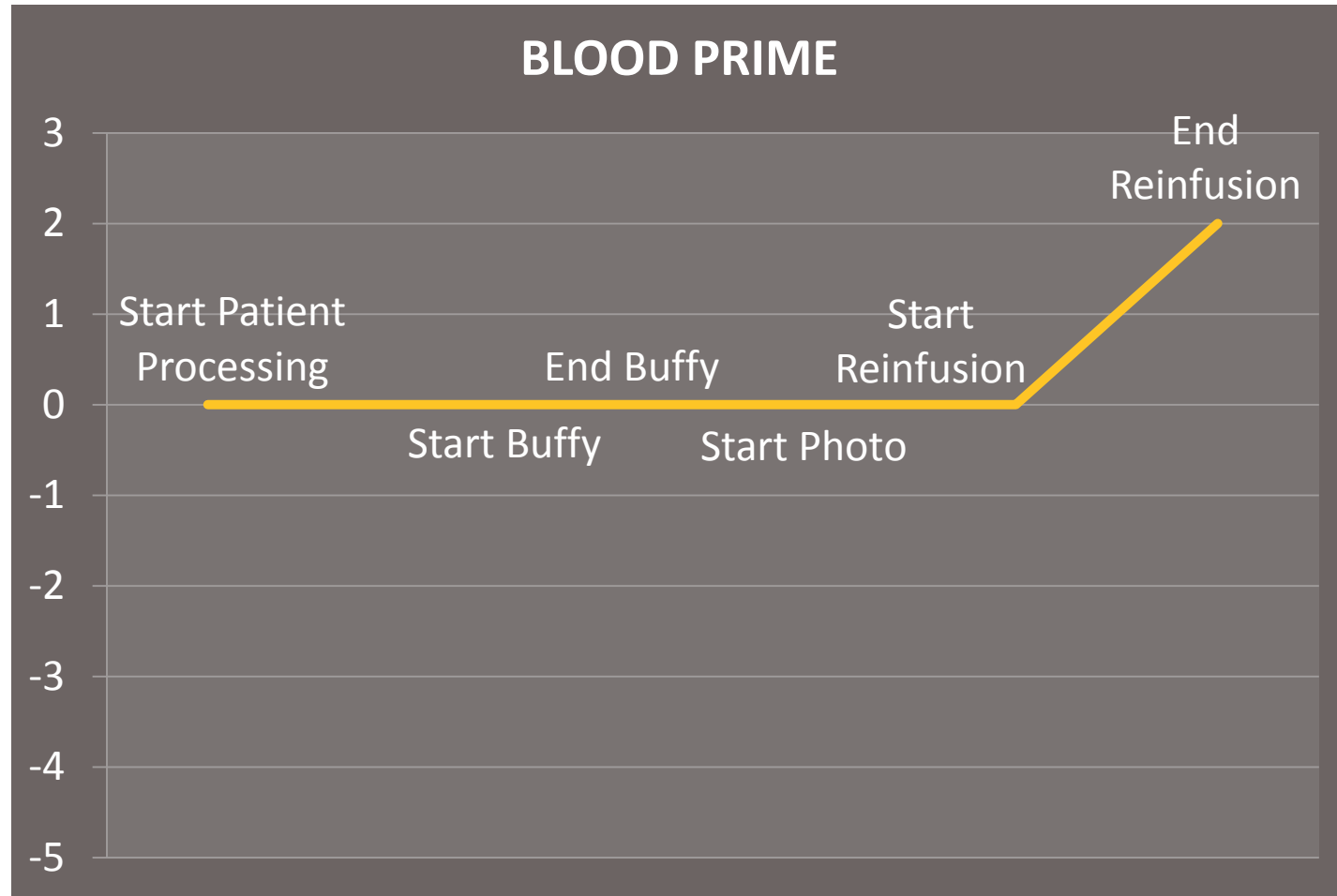
# Fluid Balance – Double Needle Mode



# Fluid Balance – Single Needle Mode



# Fluid Balance – Blood Prime



# Variable Fluid Shifts

---

## Corrective Action

- **Single Needle Mode – Return Bag Threshold 100 mL<sup>1</sup>**
- **Double Needle Mode – Return Flow Rate > Collect Flow Rate<sup>1</sup>**
- **Both Modes – Slow Return / Reinfusion Rates**

# Abnormal Plasma – Bilirubin

---

## Cause

- Bilirubin in plasma<sup>1</sup>

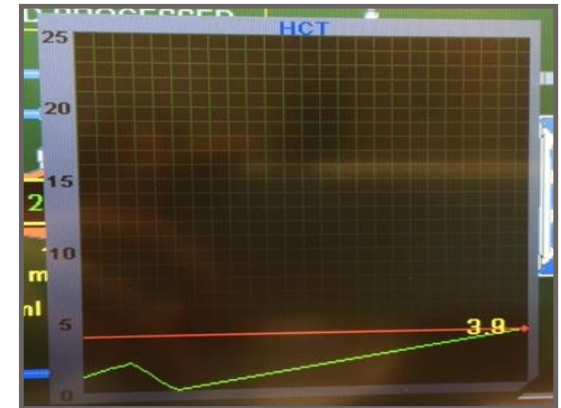
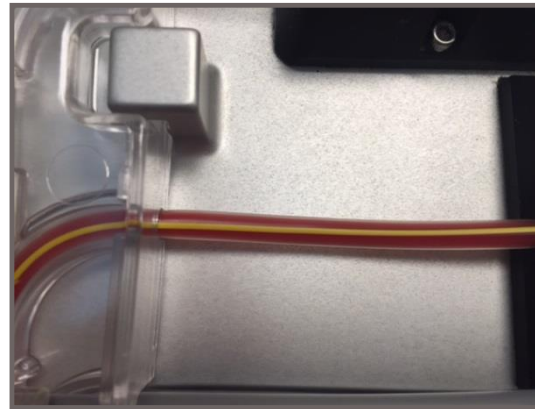
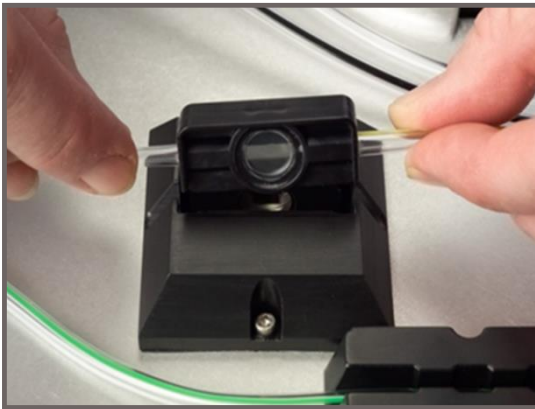
## Consequence

- Red Cell Pump Alarm – Interface Low<sup>2</sup>
- Hematocrit Sensor ends buffy coat collection early
- Partial or no buffy coat collected



# High Bilirubin – Corrective Action

1. Red Cell Pump Alarm - lower Bowl Optic setting



2. Remove Hematocrit Cuvette prior to BUFFY COAT phase
3. Replace Hematocrit Cuvette when Buffy Coat appears consistent with 3-5% hematocrit
4. Two minute PAUSE proceeds – remainder of procedure should progress as normal

# ACD-A – Managing Citrate Toxicity

---

## Challenge

- CellEx<sup>®</sup>: currently fewer problems with more anticoagulant
- Intermittent rate of delivery

## Management @ SCCA

- Slow flow rates<sup>1</sup> – Return Rate MAX = 50 mL/min
- Pause flow, offer calcium-rich food
- Calcium carbonate 1 – 2 grams PRN pre/during procedure<sup>2</sup>
- Calcium gluconate 10% 1 gram bolus

# Blood Prime @ SCCA

---

## Following Therakos Operator's Manual for process

### Practice Highlights:

- **Trigger: ECV > 10%, weight < 25 kg**
- **ACD-A: @ 14:1 ratio**
- **Calcium Gluconate infusion: 20 mg/kg/hr**
- **Collect / Return MAX Rate: 30 mL/min**
- **Reinfusion Rate: 5-10kg = 3-5 mL/min, >10kg up to 25ml/min**
- **Whole Blood Processed: 1000 mL**



**Seattle  
Cancer Care  
Alliance**

Fred Hutch · Seattle Children's · UW Medicine

**Thank you . . .  
and good luck!**

**Better together.**